



Outdoor Wood Burning Installation Application

FEE: \$50.00

Name: _____ Telephone _____

Address: _____

Manufacturer and Model _____

Source and Type of Fuel _____

Please Read and Initial both of the following statements:

_____ I have obtained a copy of the Board of Health requirements regarding outdoor wood burning boilers.

_____ I have reviewed and understand the manufacturer's installation and operating instructions of the unit.

Owner and operator of the OWB hereby acknowledges that the OWB/furnace may create nuisance conditions or violate existing smoke visible regulations, and therefore; may be subject to private nuisance action and or local or state enforcement action.

Signature

Date

CONSTRUCTION PERMIT APPROVAL:

_____ Chair

_____ Member

_____ Member

_____ Member

An inspection must be done and a signature obtained from the Board of Health BEFORE the unit is put into use.



Building And Promoting A Healthy Community